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** CONTINUING DATA *****

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	EXAMINER'S SIGNATURE <i>Philip Aray</i>	INITIALS <i>PS</i>		
Verified and Acknowledged				

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TITLE

Cerebral temperature control

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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